Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	5/16/2008	Address:	Cr 300E @ Cr 100N
Case #:	<u>52-45097</u>	•	Lebanon, IN 46052
County:	<u>Boone</u>		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply) If I I I I I I I I I I I I I I I I I I
Dumpsite (only)			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Ycs _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	<u>e Information</u> ic/Pscudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Department: <u>Center Twps Fire</u> Health Department:		Fax: <u>765-482-1729</u> Fax: <u>765-483-5243</u> Fax:	
Child Prote	ection Service:		_
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Thomas B. Egler Phone 317-234-4591			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.